

one number of each, in order of birth, stated. This certificate must be filed by the attending physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH				ARIZONA STATE BOARD OF HEALTH			
BUREAU OF VITAL STATISTICS				State Index No. 1-56			
County of <u>Gila</u>				ORIGINAL CERTIFICATE OF BIRTH			
District of <u>Globe</u>				Co. Registrar's No. <u>229</u>			
Town of _____				Local Registrar's No. _____			
or _____				(No. _____ St. _____ Ward _____)			
City of <u>Globe</u>							
FULL NAME OF CHILD <u>Rose Mary Howard</u>				Born { YES			
If child is not named, make Supplemental Report on blank obtainable from local registrar.				Alive { <u>==</u>			
Sex of Child <u>Female</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>4</u> <u>19</u> <u>1920</u>	Month Day Yr.	
FATHER				MOTHER			
Full Name <u>John Raymond Howard</u>				Full Maiden Name <u>Gwennie Stoolfire</u>			
Residence <u>Ice House canyon</u>				Residence <u>Same</u>			
Color or Race <u>White</u>		Age at last Birthday <u>42</u> Years		Color or Race <u>White</u>		Age at last Birthday <u>25</u> Years	
Birthplace <u>Arkansas</u>				Birthplace <u>Oklahoma,</u>			
Occupation <u>Cattleman</u>				Occupation <u>Housewife,</u>			
Number of child of this Mother <u>4</u>		Number of Children, of this mother, now living <u>4</u>		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on 4/19, 1920, at 12,30 P.M.

{ *When there is no attending physician or midwife, then the householder should make this return. }

Signature G. E. Wightman
Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 1911

Address Globe, Arizona.

Filed Apr 22 1920 LOCAL REGISTRAR.

984-419-725
COUNTY REGISTRAR.

Filed May 1 1920 "A True Copy" COUNTY REGISTRAR.